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F 000	INITIAL COMMENTS An investigation of complaints TN00055719, TN00055732, and TN00055757 was conducted on 1 1/17/2021-11/18/2021 at Trevecca Center for Rehabilitation and Healing. Health deficiencies were cited in relation to the investigation under 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the	F 561		

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DEC 17 2021
BY:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Carl J Yang LNHA	Administrator	12/17/21

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 561	Continued From page 1 facility. This REQUIREMENT is not met as evidenced by: Based on facility policy, record review, observation, and interview the facility failed to promote and facilitate resident self-determination of resident's choice to get up daily from bed for 1 of 5 sampled residents (Resident #1), which had the potential to decrease autonomy regarding those things that are important in her life. Review of the facility's undated policy titled, "Resident Rights," revealed, "...Employees shall treat all resident with kindness, respect, and dignity....these resident include the resident's right to: a dignified existence; be treated with respect, kindness, and dignity; be free from abuse, neglect, misappropriation of property, and exploitation; be free from corporal punishment or involuntary seclusion, and physical or chemical restratints not required to treat the resident's symptoms; self-determination; communication with and access to people and services, both inside and outside the facility; exercise his or her rights as a resident of the facility and as a resident or citizen of the United States; be supported by the facility in exercising his or her rights; exercise his or her rights without interference, coercion, discrimination or reprisal from the facility..\" Review of the medical record revealed Resident #1 was admitted to the facility on 1/28/2019 with diagnoses which included Acute Transverse Myelitis in Demyelinating Disease of Central Nervous System, Neuromuscular Dysfunction of Bladder, Chronic Respiratory Failure, and	F 561		

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F 561	Continued From page 2 Myocardial Infarction.	F 561		

During an interview on 11/17/2021 at 9:25 AM, Resident #1 stated, "I got this rash on my back, its a fungal rash." Resident #1 stated, "I haven't been up for over 2 weeks." er." Resident #1 was able to give the correct date, day of week, and year during her interview. Resident reported the staff can use a lift to get her up but usually the facility can't find a sling or a chair to transfer her. Resident #1 stated, "It's always some horse shit excuse."

During an interview with Activity Director on 11/18/2021 at 12:43 PM, she reported Resident #1 doesn't go to any group activities. Activity Director was asked about Resident #1 getting up from the bed she stated, "I have seen her up on the shower bed but never up in a chair."

During an interview with the Certified Occupational Therapy Assistant (COTA) Director on 11/18/2021 at 1:00 PM, she was asked about therapy with Resident #1. COTA Director stated, "Patient wants to walk that is not something she can do, we had a goal to get her out of bed. It's not really a therapeutic thing to get her up to a hoyer lift." COTA denied resident ever asked to come to therapy gym and further stated, "I don't think this would be good for her." COTA further stated, "It takes 30 minutes for everything we need to do with her, upper body and active range of motion maintenance program, which basically is not billable." COTA also verified that in 8/2021 a schedule was discussed with nurse manger to get resident up routinely.

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F 561	Continued From page 3 During an interview with Registered Nurse (RN) #1 on 11/18/2021 at 1:30 PM, she was asked about Resident #1 getting up from bed. She stated, "There has been issues getting her up, establishing a schedule, then it doesn't happen, we just need to make a hard schedule for her to get up." RN #1 confirmed Resident #1 has not been out of bed.	F 561		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the	F 656		

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F 656	Continued From page 4	F 656		

resident's representative(s)-
(A) The resident's goals for admission and desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
This REQUIREMENT is not met as evidenced by:
Based on facility policy, record review, observation, and interview, the facility failed to update residents Care Plan for 3 of 5 sampled resident (Resident #1, Resident #2, and Resident #4), which had the potential to result in unmet care needs.

The findings include:

Review of the Centers for Medicare and Medicaid Services (CMS) guidance on "Resident Assessment Instrument [RAI] and Care Planning," dated 10/2019, revealed "...the care plan is driven not only by identified resident issues and /or conditions but also by a resident's unique characteristics goals, preferences, strengths and needs..."

Review of the medical record revealed Resident #1 was admitted to the facility on 1/28/2019 with diagnoses which included Acute Transverse Myelitis in Demyelinating Disease of Central

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F 656	Continued From page 5 Nervous System, Neuromuscular Dysfunction of Bladder, Chronic Respiratory Failure, and Myocardial Infarction. Review of the Annual Minimum Data Set (MDS) assessment dated 10/22/2021, revealed Resident #1 had a Brief Interview for Mental Stauts (BIMS) score of 15 indicating intact congitive abilities. Continued review of the MDS revealed Resident #1 required extensive asistance with all activites of daily living (ADLs). Section G of the MDS also revealed functional limitation in range of motion for upper and lower extremities for both sides. Further review of the MDS revealed skin conditions for Moisture Associated Skin Damage (MASD), pressure reducing device for chair/bed, and application of ointments/medications during the assessment period. Review of the updated Care Plan dated 11/11/2021, revealed a problem indentified as "Resident requires assist with activities of daily living related to limited mobility." Interventions for this problem included one intervention to monitor for changes in status and notify interdisciplinary team as needed. Continued review of the Care Plan dated 11/11/2021, revealed a problem indentified as "Potential for Altercation in skin integrity related to Cervical Myopathy, CVA (Cerebral Vascular Disease), and Decrease in Mobility. Care Plan did not reflect current treatments and changes related recent fungal rash. Review of the medical record revealed Resident #2 admitted on 05/25/2021 with diagnoses which included Arthropathy, Atherosclerotic Heart Disease (AHD), Congestive Heart Failure (CHF) and History of Falls.	F 656		

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F 656	Continued From page 6	F 656		

Review of the Significant Change MDS assessment dated 09/08/2021 revealed a BIMS score of 5 and limited assistance with bed mobility, transfer, walking in room in corridor. She required extensive assist with locomotion on and off the unit, dressing, toileting, personal hygiene and bathing. Supervision was required for eating. MDS revealed significant weight loss from a prescribed weight loss regimen.

Review of the medical record revealed Resident #4 was admitted to facility on 09/21/2021 with diagnoses which included Infection of skin and subcutaneous tissue, Methicillin Resistant Staphylococcus Aureus (MRSA) Infection, End Stage Renal Disease (ESRD), Kidney transplant, and UTI.

Review of the Quarterly MDS assessment dated 09/28/2021 revealed a BIMS score of 15, and supervision with bed mobility and eating. Continued review of the MDS revealed resident required extensive assistance with transfers, dressing, toilet use and bathing. Further review of the MDS also revealed that resident required limited assist with personal hygiene.

Review of the Physician's orders dated 11/17/2021 revealed an order for, "No Showers due to wounds!! Bed baths only." Medical Director (MD) /Certified Registered Nurse Practitioner (CRNP) encounter note for 11/3/2021 revealed Resident #4 was being treated with antibiotics for right basilar Pneumonia.

Review of Resident #4's Care Plan dated 10/26/2021 revealed no update related to recent

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F 656	Continued From page 7 infection. Further review of the ADL care plan revealed one intervention for PT/OP evaluation and treatment as per MD orders. ADL Care Plan did not reflect changes related to showering or any details on how to provide resident care. During an interview with LPN #1 on 11/18/2021 at 1:52 PM, she confirmed Resident #1's ADL Care Plan was not updated with only one intervention noted related to her personal care. LPN #1 also confirmed the Care Plan does not reflect her current skin condition for treatment of fungal rash to her back. Further interview with LPN #1 also revealed Resident #4's care plan was not updated for ADL needs and recent infection. During an interview with RN #2 on 11/18/2021 at 2:35 PM, Resident #2's Care Plan intervention was reviewed for geri sleeves to be in place. RN #2 stated, "I have been working here for awhile, she has never wore geri sleeves, that must be something old on her care plan." She confirmed Care Plan did not reflect updated interventions.	F 656		

Trevecca Center for Rehabilitation and Healing

F 561 Self Determination

- On 11/19/2021 Resident #1 was assessed by the Director of Nursing (DON) for any physical findings associated with resident's choice of not being honored by getting up into chair daily with no negative effects seen. On 11/19/2021 Resident #1 was assessed by Social Services for any emotional findings associated with resident's choice of not being honored by getting up into chair daily with no negative effects seen.
- Residents that require assistance with getting out of bed have the potential to be effected by the deficient practice. Residents requiring help to transfer out of bed who are oriented were interviewed with no concerns expressed on 12/10/2021-12/12/2021 by QA (Quality Assurance) Nurse regarding getting up out of bed when requesting to do so.
- Administrator met with Director of Therapy (DOR) on 11/18/2021 and put a schedule into place for Resident #1 to get up Monday-Friday. An assigned therapist will get Resident #1 up and in chair daily Monday-Friday. Therapy will be performed at this time as ordered for Resident #1. Assigned nursing staff will get resident up on Saturday and Sunday as requested per Resident #1. The schedule was reviewed with Resident #1 on 11/19/2021 by the DOR and Unit Nurse Manager and is in agreement with this schedule.
- DON will monitor 3 days weekly that resident #1 is up and in chair for 6 weeks then weekly for 6 weeks starting on 11/23/2021. Any issues or concerns with audit will be discussed during monthly Quality Assurance and Performance Improvement (QAPI) meeting and as needed. Any needed updates, revisions, or resolutions to the plan will be discussed and implemented by the QAPI committee consisting of but not limited to the Administrator, Assistant Administrator, DON , QAPI Nurse, RN Unit Manager, Clinical Educator, and DOR.

Compliance Date of 12/19/2021

Trevecca Center for Rehabilitation and Healing

F656 Develop/Implement Comprehensive Care Plans

- Resident #1 care plan was updated by Minimum Data Set (MDS) Director on 11/19/2021 to include a fungal rash to back with treatment interventions and Activities of Daily Living (ADL) care plan was updated to reflect all ADL care required by resident with appropriate interventions added for resident. Resident #2 care plan was reviewed by MDS Director on 11/19/2021. Resident was found not to require gerisleeves at this time. The order for gerisleeves was discontinued on 11/19/2021 by the RN Unit Manager. Resident #4 care plan was updated by MDS Director on 11/19/21 to include the order for no showers, bed baths only. Care plan was also updated to reflect current treatment for antibiotics for pneumonia.
- Residents in the facility have the potential to be effected by the deficient practice. Resident care plans were reviewed with any updates that were needed completed by the MDS Department on 12/17/2021.
- Care plan policies were reviewed by the Director of Nursing, Facility Administrator and MDS Director on 11/21/21 with no revisions needed. Resident care plans will be updated with any new orders given or any changes of condition for all residents. Updates will be made the MDS nurses in morning clinical meeting daily to reflect any changes.
- DON will audit updates to care plans for 6 residents weekly x 6 weeks, then 3 residents per week x 6 weeks to ensure updates are implemented and accurate. Any issues or concerns with audit will be discussed during monthly Quality Assurance and Performance Improvement (QAPI) meeting and as needed. Any needed updates, revisions, or resolutions to the plan will be discussed and implemented by the QAPI committee consisting of but not limited to the Administrator, Assistant Administrator, DON , QAPI Nurse, RN Unit Manager, Clinical Educator, and DOR.

Compliance Date of 12/19/2021